

County: Grant

Facility ID: 7120

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HEARTLAND HLTH CARE CTR-PLATTEVILLE

1300 N WATER ST

PLATTEVILLE

53818

Phone:(608) 348-2453

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 97

Total Licensed Bed Capacity (12/31/04): 99

Number of Residents on 12/31/04: 88

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 84

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
							%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38.6
Supp. Home Care-Personal Care	No					1 - 4 Years	30.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years	30.7
Day Services	No	Mental Illness (Org./Psy)	35.2	65 - 74	6.8		----
Respite Care	Yes	Mental Illness (Other)	3.4	75 - 84	37.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.0	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	10.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.1		----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	4.5		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	11.4	65 & Over	96.6	-----	
Transportation	No	Cerebrovascular	13.6		----	RNs	6.4
Referral Service	No	Diabetes	6.8	Gender	%	LPNs	13.9
Other Services	No	Respiratory	1.1		----	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	21.6	Male	23.9	Aides, & Orderlies	
Mentally Ill	No		----	Female	76.1		
Provide Day Programming for			100.0		----		
Developmentally Disabled	No				100.0		

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	5.6	120	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	3.4
Skilled Care	15	100.0	288	51	94.4	104	0	0.0	0	18	100.0	164	0	0.0	0	1	100.0	441	96.6
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	15	100.0		54	100.0		0	0.0		18	100.0		0	0.0		1	100.0	88	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	12.4	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	2.3	69.3	28.4	88
Other Nursing Homes	3.1	Dressing	6.8	79.5	13.6	88
Acute Care Hospitals	76.3	Transferring	17.0	63.6	19.3	88
Psych. Hosp.-MR/DD Facilities	3.1	Toilet Use	15.9	64.8	19.3	88
Rehabilitation Hospitals	0.0	Eating	47.7	44.3	8.0	88
Other Locations	5.2	*****				
Total Number of Admissions	97	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.5	Receiving Respiratory Care		12.5
Private Home/No Home Health	9.8	Occ/Freq. Incontinent of Bladder	64.8	Receiving Tracheostomy Care		1.1
Private Home/With Home Health	37.0	Occ/Freq. Incontinent of Bowel	34.1	Receiving Suctioning		1.1
Other Nursing Homes	5.4			Receiving Ostomy Care		3.4
Acute Care Hospitals	7.6	Mobility		Receiving Tube Feeding		4.5
Psych. Hosp.-MR/DD Facilities	2.2	Physically Restrained	2.3	Receiving Mechanically Altered Diets		37.5
Rehabilitation Hospitals	1.1					
Other Locations	5.4	Skin Care		Other Resident Characteristics		
Deaths	31.5	With Pressure Sores	8.0	Have Advance Directives		69.3
Total Number of Discharges		With Rashes	5.7	Medications		
(Including Deaths)	92			Receiving Psychoactive Drugs		60.2
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.8	84.2	1.01	88.5	0.96	87.7	0.97	88.8	0.96
Current Residents from In-County	78.4	76.9	1.02	72.5	1.08	70.1	1.12	77.4	1.01
Admissions from In-County, Still Residing	28.9	19.0	1.52	19.6	1.47	21.3	1.35	19.4	1.49
Admissions/Average Daily Census	115.5	161.6	0.71	144.1	0.80	116.7	0.99	146.5	0.79
Discharges/Average Daily Census	109.5	161.5	0.68	142.5	0.77	117.9	0.93	148.0	0.74
Discharges To Private Residence/Average Daily Census	51.2	70.9	0.72	59.0	0.87	49.0	1.05	66.9	0.76
Residents Receiving Skilled Care	100	95.5	1.05	95.0	1.05	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	96.6	93.5	1.03	94.5	1.02	92.7	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	61.4	65.3	0.94	66.3	0.93	68.9	0.89	66.1	0.93
Private Pay Funded Residents	20.5	18.2	1.13	20.8	0.98	19.5	1.05	20.6	0.99
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	38.6	28.5	1.36	32.3	1.20	36.0	1.07	33.6	1.15
General Medical Service Residents	21.6	28.9	0.75	25.9	0.83	25.3	0.85	21.1	1.02
Impaired ADL (Mean)	50.2	48.8	1.03	49.7	1.01	48.1	1.04	49.4	1.02
Psychological Problems	60.2	59.8	1.01	60.4	1.00	61.7	0.98	57.7	1.04
Nursing Care Required (Mean)	9.2	6.5	1.43	6.5	1.43	7.2	1.28	7.4	1.24